



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

POLITICAL PARTY COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

3. This Statement covers

From: JANUARY 9, 2014 To: JULY 20, 2014

1. Committee I.D. Number

13071

2. Committee Name

COMMITTEE TO ELECT
ED RIVET

4. Committee's Mailing Address:

3072 W. BIRCH DR.
BAY CITY, MI 48706

Area Code & Phone (989) 686-3516

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name & Residential Address

EDWARD L. RIVET
3072 W. BIRCH DR
BAY CITY, MI 48706

Area Code & Phone (989) 686-3516

6. Designated Recordkeeper's Name and Mailing Address (If the committee has a Designated Recordkeeper)

EDWARD L. RIVET
3072 W. BIRCH DR.
BAY CITY, MI 48706

Area Code & Phone (989) 686-3516

7. TYPE OF STATEMENT

7a. ☒ PRE-ELECTION

OR

7b. ☐ POST ELECTION

Pre-Election or Post-Election Statement relates to:

☒ PRIMARY

☐ GENERAL

☐ SCHOOL

☐ SPECIAL

☐ CONVENTION

☐ CAUCUS

Date of Election

8/5/14

7c. ☐ ANNUAL STATEMENT

() Coverage Year)

7d. ☐ AMENDMENT TO
CAMPAIGN STATEMENT

Complete Items 7a, 7b, 7c or 7e to indicate which
Statement is being amended

7e. ☐ DISSOLUTION OF
COMMITTEE

Effective Date of Dissolution

By checking this item, I certify that the committee has no assets or outstanding debts, including late filing fees. Further, I request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, or 6 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

8. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer
or

EDWARD L. RIVET

Type or Print Name

Edward L. Rivet

Signature

Date

7/23/14

Designated Record
Keeper

EDWARD L. RIVET

Type or Print Name

Edward L. Rivet

Signature

Date

7/23/14



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 3A
POLITICAL PARTY COMMITTEE

1. Committee I.D. Number

13071

2. Committee Name

COMMITTEE TO ELECT ED RIVET

If contribution is from an individual, enter last name first and street address. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). If contribution is from a committee, enter committee name, street address and treasurer's name. Report all contributions, regardless of amount.

6. Amount

7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)

3. Contribution # 1 Is this contribution from a PAC? ☐ YES

4. Date of Receipt

6/13/14

Contributor Name & Address:

EDWARD L. RIVET
3072 W. BIRCH DR
BAY CITY, MI 48706

\$ 4000.00 \$ 4000.00

If from a committee, enter the committee treasurer's Name:

5. If over \$100.00 cumulative, please provide:

Click Memo Itemization Type

Occupation

Employer

Business Address

Type of Contribution: ☐ Direct

☒ Loan from a person

3. Contribution # 2 Is this contribution from a PAC? ☒ YES

4. Date of Receipt

6/23/14

Contributor Name & Address:

MICHIGAN LABORERS' POLITICAL LEAGUE
1118 CENTENNIAL WAY SUITE 100
LANSING, MI 48917-9280

\$ 250.00 \$ 250.00

If from a committee, enter the committee treasurer's Name:

5. If over \$100.00 cumulative, please provide:

Click Memo Itemization Type

Occupation

Employer

Business Address

Type of Contribution: ☒ Direct

☐ Loan from a person

3. Contribution # 3 Is this contribution from a PAC? ☐ YES

4. Date of Receipt

Contributor Name & Address:

\$ \$

If from a committee, enter the committee treasurer's Name:

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Click Memo Itemization Type

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

3. Contribution # 4 Is this contribution from a PAC? ☐ YES

4. Date of Receipt

Contributor Name & Address

If from a committee, enter the committee treasurer's Name:

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Click Memo Itemization Type

Business Address

Type of Contribution: ☐ Direct

☐ Loan from a person

Page Subtotal

4250.00

Grand Total of All Schedules 3A
(Complete on last page of Schedule)

4250.00



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES

SCHEDULE 3B

POLITICAL PARTY COMMITTEE

1. Committee I.D. Number 13071

2. Committee Name COMMITTEE TO ELECT ED RIVET

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address SAWICKI & SON 1521 W. LAFAYETTE DETROIT, MI 48216	5. <u>EDWARD L. RIVET</u> Name of Candidate <u>ROAD COMMISSIONER</u> Office Sought & District # or Jurisdiction <u>BAY</u> County	<u>6/13/14</u> Date	<u>\$200.34</u>	<u>\$200.34</u>
4. Purpose: <u>PRINTING</u>	<input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click for Memo Itemization Type		
Expenditure Code: _____				
Expenditure #2 Name & Address: BAY COUNTY CLERK 515 CENTER AVE BAY CITY, MI 48708	5. <u>EDWARD L. RIVET</u> Name of Candidate <u>ROAD COMMISSIONER</u> Office Sought & District # or Jurisdiction <u>BAY</u> County	<u>1/9/14</u> Date	<u>\$100.00</u>	<u>\$100.00</u>
4. Purpose: <u>FILING FEE</u>	<input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click for Memo Itemization Type		
Expenditure Code: _____				
Expenditure #3 Name & Address: DORNBOS PRINTING 1131 E. GENESEE AVE SAGINAW, MI 48607	5. <u>EDWARD L. RIVET</u> Name of Candidate <u>ROAD COMMISSIONER</u> Office Sought & District # or Jurisdiction <u>BAY</u> County	<u>7/6/14</u> Date	<u>\$1664.20</u>	<u>\$1664.20</u>
4. Purpose: <u>PRINTING</u>	<input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click for Memo Itemization Type		
Expenditure Code: _____				

Subtotal this page 1964.54

Grand Total of all Schedules 3B
(Complete on last page of Schedule)



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES

SCHEDULE 3B

POLITICAL PARTY COMMITTEE

1. Committee I.D. Number 13071

2. Committee Name COMMITTEE TO ELECT ED RIVET

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Proposal Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address <u>U.S. POSTMASTER</u> <u>SAGINAW, MI</u>	5. <u>EDWARD L. RIVET</u> Name of Candidate <u>ROAD COMMISSIONER</u> Office Sought & District # or Jurisdiction <u>BAY</u> County Ballot Proposal	<u>7/16/14</u> Date	<u>\$2179.79</u>	<u>\$2179.79</u>
4. Purpose: <u>POSTAGE</u> Expenditure Code: _____	<input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement Click for Memo Itemization Type			
Expenditure #2 Name & Address:	5. _____ Name of Candidate Office Sought & District # or Jurisdiction County Ballot Proposal	_____ \$ _____ Date		
4. Purpose: _____ Expenditure Code: _____	<input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement Click for Memo Itemization Type			
Expenditure #3 Name & Address:	5. _____ Name of Candidate Office Sought & District # or Jurisdiction County Ballot Proposal	_____ \$ _____ Date		
4. Purpose: _____ Expenditure Code: _____	<input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement Click for Memo Itemization Type			

Subtotal this page 2179.79

Grand Total of all Schedules 3B
(Complete on last page of Schedule) 4144.33



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 3E

POLITICAL PARTY COMMITTEE

1. Committee I.D. Number

13071

2. Committee Name

COMMITTEE TO ELECT ED RIVET

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee

OR

b. ☐ Debts and obligations owed to or forgiven by the committee.

(Check either a or b. Use only for the purpose checked.)

3. Name and mailing Address of person, vendor or financial institution to whom debt is owed.

Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.

4. Type of Obligation (Description)

5. Indicate date debt was incurred

6. Indicate original amount of debt

7. Date and amount of each payment

8. Cumulative payment to date on debt

9. Outstanding Balance at close of this period Item 6 (Item 6 minus Item 8)

Debt #1

Corp? ☐ Yes

Owed to or by:

EDWARD L. RIVET
3072 W. BIRCH DR
BAY CITY, MI 48706

4. Type: LOAN

5. Date Debt Was Incurred

6/13/14

6. Original Amount of Debt

\$ 4000.00

\$

\$

\$

\$

\$ - 0 -

- 0 -

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #2

Corp? ☐ Yes

Owed to or by:

4. Type:

5. Date Debt Was Incurred

6. Original Amount of Debt

\$

\$

\$

\$

\$

\$

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Debt #3

Corp? ☐ Yes

Owed to or by:

4. Type:

5. Date Debt Was Incurred:

6. Original Amount of Debt:

\$

\$

\$

\$

\$

\$

☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Endorsed: \$

Page Subtotal (Outstanding debt)

4000.00

Grand Total of all Schedules 3E

(Complete on last page of Schedule showing amounts owed by or to the committee.)

4000.00

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Enter this total on line 12a "owed by", or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 13071

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Ed Rivet

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>4250.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$		(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>4250.00</u>	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$		(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>4144.33</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>4144.33</u>	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>0.00</u>	(24.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>4000.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>-0-</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>4250.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>4250.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>4144.33</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>105.67</u>	*